## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/576652

| CLAIMS AS FILED - PART I                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                            |                                                                                             | SMALL                                                                              | ENTITY                 |                      | OTHER                                                                              | R THAN                 |
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| FOR                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ER FILED                                                                                             | NUMBER                                                                                                                                     | EXTRA                                                                                       | RATE                                                                               | FEE                    | ]                    | RATE                                                                               | FEE                    |
| BASIC FEE                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                            |                                                                                             |                                                                                    | 345.00                 | OR                   |                                                                                    | 690.00                 |
| TOTAL CLAIMS                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ) minus,                                                                                             | 20= *                                                                                                                                      |                                                                                             | X\$ 9=                                                                             |                        | OR                   | X\$18=                                                                             |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | minus                                                                                                | 3 = 1                                                                                                                                      |                                                                                             | X39=                                                                               |                        | OR                   | X78=                                                                               |                        |
| MU                                                                       | JLTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DENT CLAIM F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PRESENT                                                                                              | $\mathcal{N}$                                                                                                                              |                                                                                             | +130=                                                                              |                        | OR                   | +260=                                                                              | ~                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                            | TOTAL                                                                                       |                                                                                    | OR                     | TOTAL                | 690                                                                                |                        |
| CLAIMS AS AMENDED - PART II                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      |                                                                                                                                            |                                                                                             |                                                                                    |                        | _                    | OTHER                                                                              | THAN                   |
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| <b>AMENDMENT A</b>                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                | PRESENT<br>EXTRA                                                                            | RATE                                                                               | ADDI-<br>TIONAL<br>FEE |                      | RATE                                                                               | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | . 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Minus                                                                                                | -20                                                                                                                                        | =                                                                                           | X\$ 9=                                                                             |                        | OR                   | X\$18 <sub>₹</sub>                                                                 | 4                      |
| ¥<br>V                                                                   | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Minus                                                                                                | PENDENT CLAIM                                                                                                                              | =                                                                                           | X39=                                                                               |                        | OR                   | ×778=                                                                              |                        |
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|                                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                      | (Column 2)                                                                                                                                 | (Column 3)                                                                                  | ADDIT. FEE                                                                         |                        | OR                   | ADDIT. FEE                                                                         | BH) à TE               |
| IENT B                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                      | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR                                                                                              | (Column 3) PRESENT EXTRA                                                                    |                                                                                    | ADDI-<br>TIONAL<br>FEE | OR                   |                                                                                    | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAIMS<br>REMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Minus                                                                                                | HIGHEST<br>NUMBER<br>PREVIOUSLY                                                                                                            | PRESENT                                                                                     | ADDIT. FEE                                                                         | TIONAL                 | OR                   | ADDIT. FEE                                                                         | TIONAL                 |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus '                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                | PRESENT<br>EXTRA<br>=                                                                       | ADDIT. FEE                                                                         | TIONAL                 | OR                   | RATE                                                                               | TIONAL                 |
| AMENDMENT B                                                              | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus '                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                | PRESENT<br>EXTRA<br>=                                                                       | RATE  X\$ 9=                                                                       | TIONAL                 |                      | RATE X\$18=                                                                        | TIONAL                 |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT<br>*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Minus '                                                                                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                                                                                | PRESENT<br>EXTRA<br>=                                                                       | RATE  X\$ 9=  X39=  +130=  TOTAL                                                   | TIONAL                 | OR<br>OR<br>OR       | RATE  X\$18=  X78=  +260=  TOTAL                                                   | TIONAL                 |
|                                                                          | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  * * NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus '                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  PENDENT CLAIM  (Column 2)                                                                         | PRESENT<br>EXTRA<br>=                                                                       | ADDIT. FEE  RATE  X\$ 9=  X39=  +130=                                              | TIONAL                 | OR<br>OR<br>OR       | RATE  X\$18=  X78=  +260=                                                          | TIONAL                 |
| AMENDMENT                                                                | Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT * * NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus '                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  *** PENDENT CLAIM                                                                                 | PRESENT<br>EXTRA<br>=<br>=                                                                  | RATE  X\$ 9=  X39=  +130=  TOTAL                                                   | TIONAL                 | OR<br>OR<br>OR       | RATE  X\$18=  X78=  +260=  TOTAL                                                   | TIONAL                 |
| AMENDMENT                                                                | Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF M  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus ULTIPLE DEF                                                                                    | HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY                                                          | PRESENT EXTRA  = = (Column 3) PRESENT                                                       | RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE                                        | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR       | RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE                                        | ADDI-<br>TIONAL        |
| AMENDMENT                                                                | Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minus  ULTIPLE DEF                                                                                   | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  ***                                    | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA                                                 | RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE                                        | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR<br>OR | RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE                                        | ADDI-<br>TIONAL        |
| AMENDMENT                                                                | Independent FIRST PRESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minus  ULTIPLE DEF                                                                                   | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **                                              | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =                                              | RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE  RATE  X\$ 9=  X39=                    | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR<br>OR | RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  RATE  X\$18=  X78=                    | ADDI-<br>TIONAL        |
| AMENDMENT C AMENDMENT                                                    | Independent FIRST PRESE  Total Independent FIRST PRESE  the entry in column                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CLAIMS REMAINING AFTER AMENDMENT  *  *  *  *  *  *  *  *  *  *  *  *  *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Minus  ULTIPLE DEF  Minus  Minus  ULTIPLE DEF                                                        | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  PENDENT CLAIM  ***  ***  PENDENT CLAIM | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =                                           | ADDIT. FEE  RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE  RATE  X\$ 9=  X39=  +130= | ADDI-<br>TIONAL<br>FEE | OR<br>OR<br>OR<br>OR | RATE  X\$18=  X78=  +260=  TOTAL ADDIT FEE  RATE  X\$18=  X78=  +260=              | ADDI-<br>TIONAL        |
| AMENDMENT C AMENDMENT                                                    | Independent FIRST PRESENT Total Independent FIRST PRESENT The entry in column the "Highest Num of the "Hig | CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF M  (Column 1) CLAIMS REMAINING AFTER AMENDMENT  *  NTATION OF M  on 1 is less than to the Previously Pender | Minus  ULTIPLE DEF  Minus  Minus  ULTIPLE DEF  the entry in column aid For" IN THIS aid For" IN THIS | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  COlumn 2) HIGHEST NUMBER PREVIOUSLY PAID FOR  **  ***  ***                                    | PRESENT EXTRA  =  (Column 3)  PRESENT EXTRA  =  =  umn 3. n 20, enter "20." n 3. enter "3." | RATE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE  X\$ 9=  X39=  +130=  TOTAL ADDIT. FEE | ADDI-<br>TIONAL<br>FEE | OR OR OR OR OR       | RATE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE  X\$18=  X78=  +260=  TOTAL ADDIT. FEE | ADDI-<br>TIONAL        |